

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Ally. Carpenter

MARYLAND

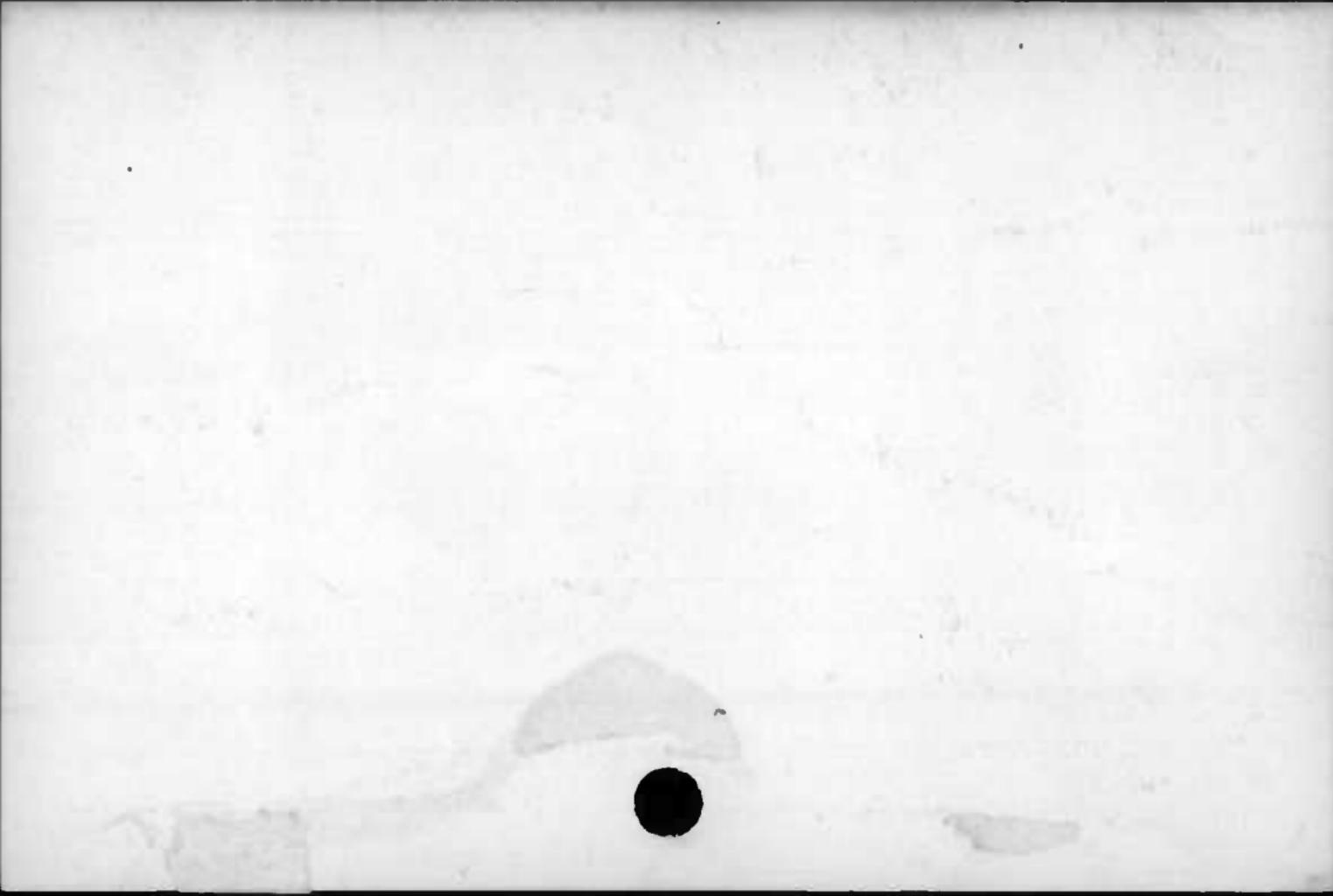
Died <u>from</u> <u>Prostate</u> <small>Town</small>		<u>Caroline</u> <small>County</small>				
Date of death	1908	Month	7	Age	60	Years
Sex	Male	Color or Race	Black	Birth-place	Md.	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Carpenter			
Father's Name	Dont' know		Father's Birthplace	Dont' know		
Mother's Maiden Name	Dont' know		Mother's Birthplace	Dont' know		
Name of person giving information	Samuel Brown		How related to deceased	Son-in-law		

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Infectious Arthritis		How long	Several years
Immediate	Chronic Nausea		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	J. T. Brown, M.D.
			Address	Hillsboro, Md.
Accident or Suicide?		in.		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>on Ridgely</u>		Town	County <u>Caroline</u>	
Date of death <u>1908 Apr 26</u>	Month <u>Apr</u>	Day <u>26</u>	Years <u>64</u>	Months <u>2</u>
Sex <u>female</u>	Color or Race <u>colored</u>	Birth-place <u>caroline co</u>		
Occupation <u>None</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Wesley Clark</u>			
Father's Name <u>James Carter</u>	Father's Birthplace <u>Caroline Co</u>			
Mother's Maiden Name <u>Susan Carter</u>	Mother's Birthplace <u>Caroline Co</u>			
Name of person giving Information <u>Marion W Clark</u>	How related to deceased <u>son</u>			

CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

*Pitressin*

Immediate

*Exhaustion -*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

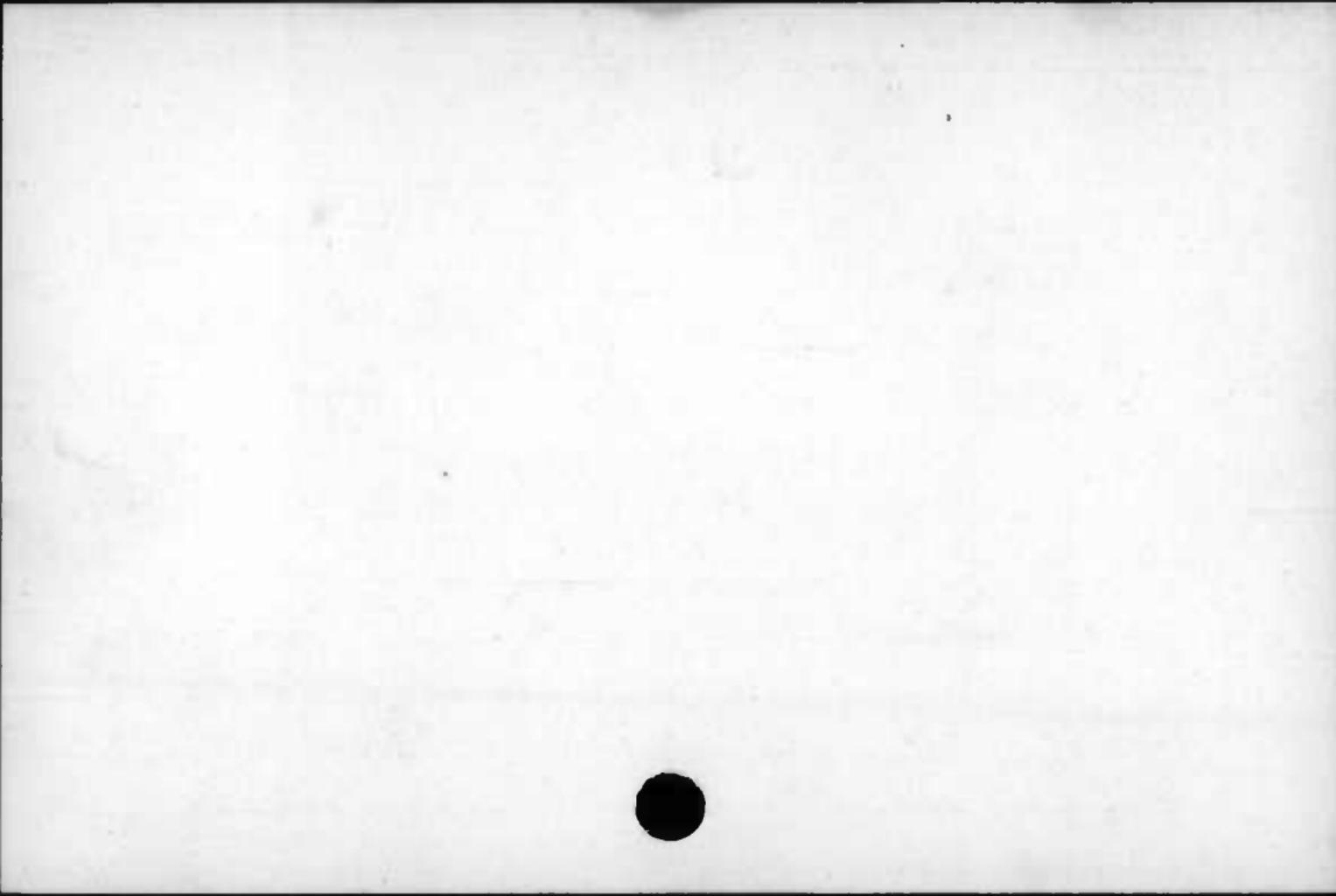
Address

*S. S. Shore*

*Ridgely*

Accident or Suicide?

*No*



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Martin Dean				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death		1908	Month	Day	Years	Months
Sex		male	Color or Race	white	Age	64 Days
Occupation		farmer	Where Residing if not at place of death			
Married, Single or Widowed		married	Name of Wife or Husband	Elizabeth Dean		
Father's Name		Clyde Dean		Father's Birthplace	Md	
Mother's Maiden Name		Mary Nichols		Mother's Birthplace	Md	
Name of person giving information		Elizabeth Dean		How related to deceased	wife	

CAUSES OF DEATH

40

How long

2 years

How long

Primary

Cancer Liver

Immediate

Are the name, age, sex, color, date and place correctly given above?

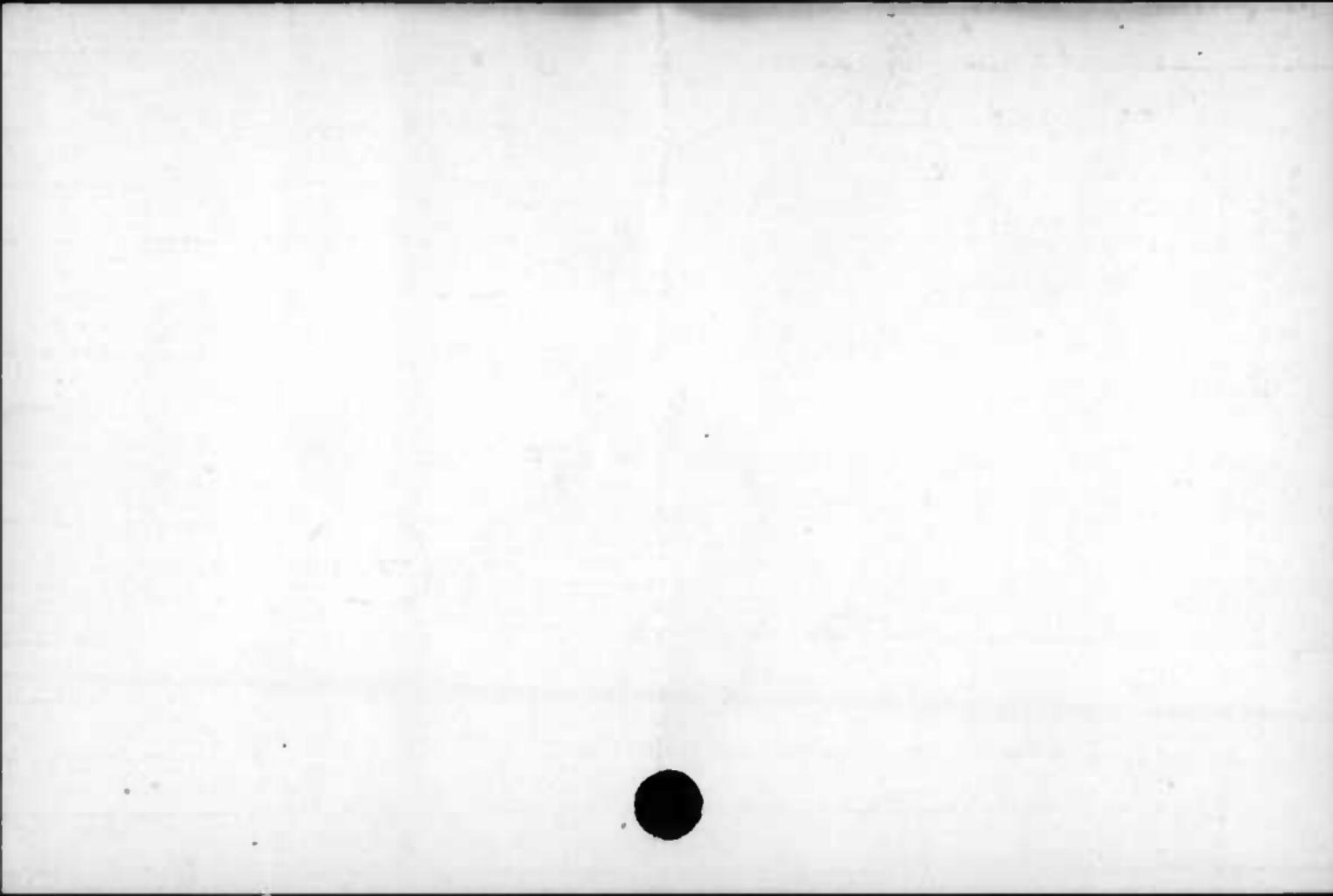
yes

Signature of Physician

Address

R. R. Jefferson  
Federalsburg  
Md

Accident or Suicide?



Name  
in  
Full

Julia A. Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 4	Day 18	Years Age 13-	Months	Days
Sex	Female	Color or Race	White	Birth- place	Wilmington	
Occupation	Housewife		Where Residing if not at place of death	Dame		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph A. Gordon		Father's Birthplace	Wet
Father's Name	John Williams				Mother's Birthplace	Del
Mother's Maiden Name	Mary A. Adams				How related to deceased	Daughter
Name of person giving Information	Joseph A. Gordon					

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Acute indigestion

How long

One day

Immediate

Dame

How long

—

Are the name, age, sex, color, date  
and place correctly given above?



Signature of  
Physician

Address

P. B. Fisher

Dentist

Accident or Suicide?

No



Name  
in  
Full

Willige H. Harding, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Preston		Town Caroline		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Harlocks		
Occupation	Farmer			Where Residing if not at place of death	—		
Married, Single or Widowed	widow	Name of Wife or Husband	Elyza A.	—	dead		
Father's Name	John Kuow			Father's Birthplace	—		
Mother's Maiden Name	John Kuow			Mother's Birthplace	—		
Name of person giving Information	William H. Harding			How related to deceased	son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Fall 6 weeks ago

123

How long

Immediate

epilepsy

How long

3 yrs.

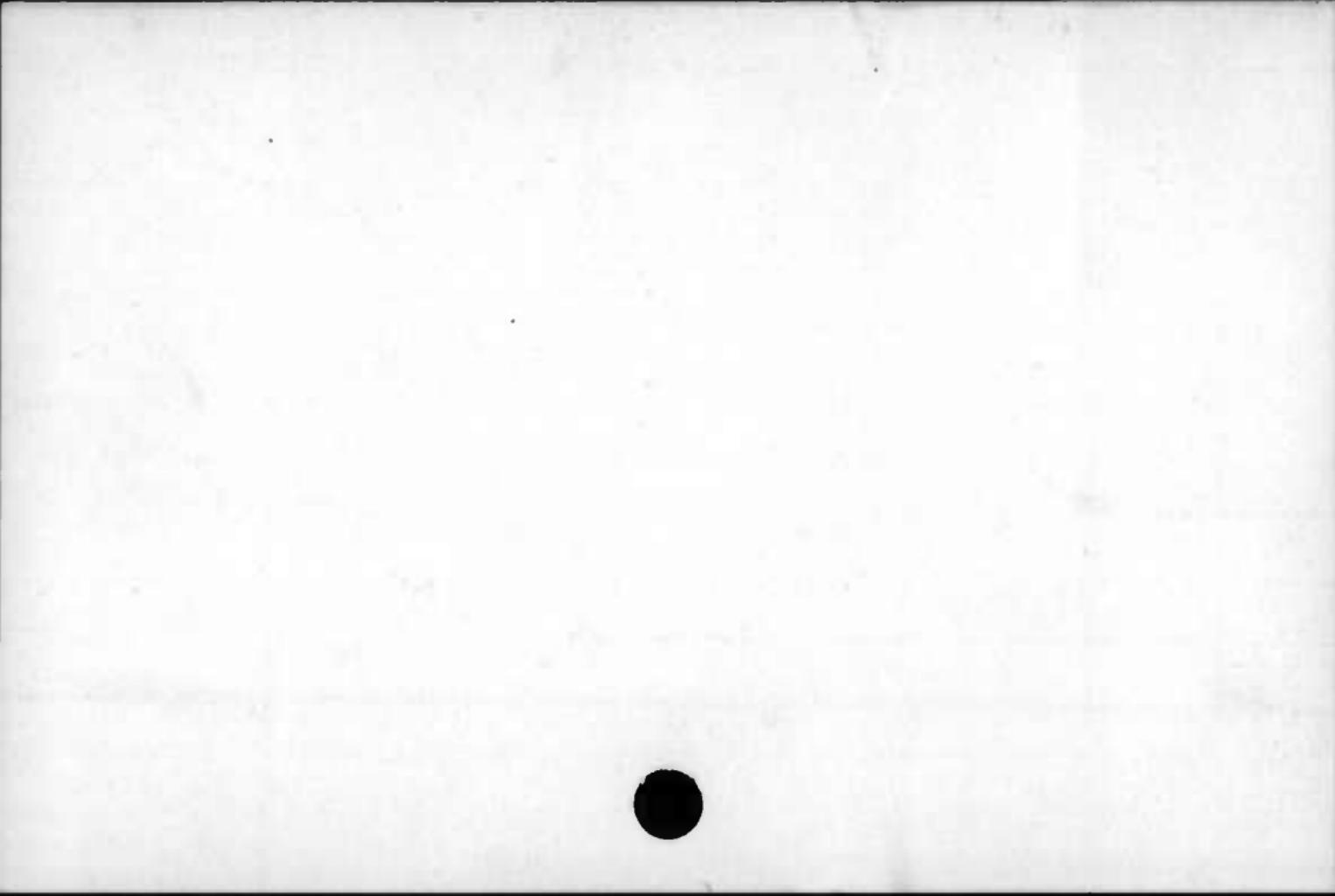
Are the name, age, sex, color, race  
and place correctly given above?

Signature of  
Physician

Address

J. Hoble M.D.  
Preston  
Md.

Accident or Suicide?



Name  
In  
Full

Isabell Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Black	Birth-place	Ridgely		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Asberry Henry					Father's Birthplace	Caroline Co
Mother's Maiden Name	Grace Mathews					Mother's Birthplace	11 11
Name of person giving information	Grace Mathews					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

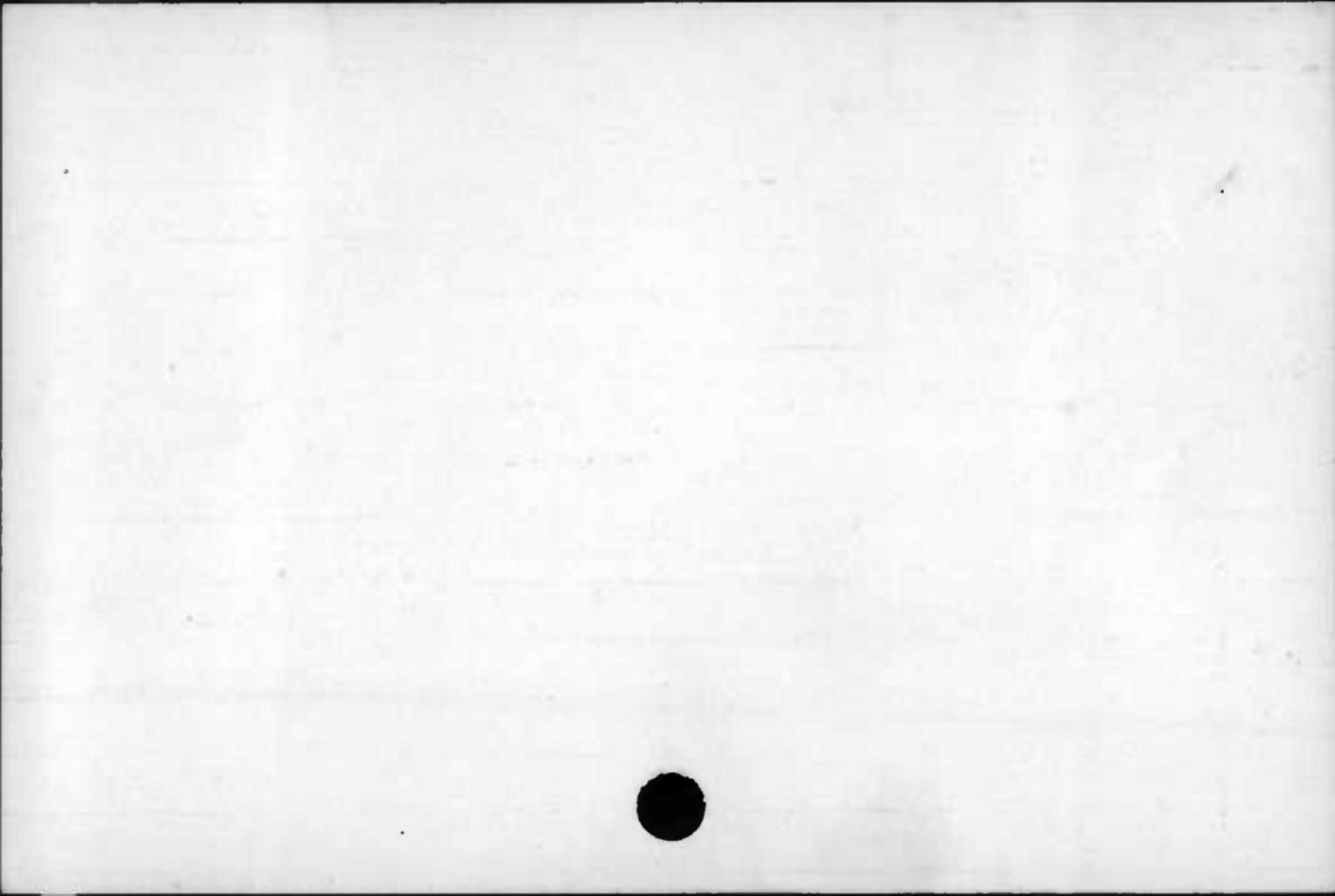
Primary	Grip	
Immediate	Pneumonia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		

10

How long

How long

2 days



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles Johnson

Died at near Pekin Town

County Caroline

MARYLAND

Date of death 1908 Month April Day 12 Years 11 Months 4 Days 12

Sex Male Color or Race White Birthplace N.Y.

Occupation School boy Where Residing if not at place of death near Pekin

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Joe Morris How related to deceased Grandson

CAUSES OF DEATH

Primary Broncho Pneumonia 92 How long 15 days

Immediate Babecy - Suppuration How long

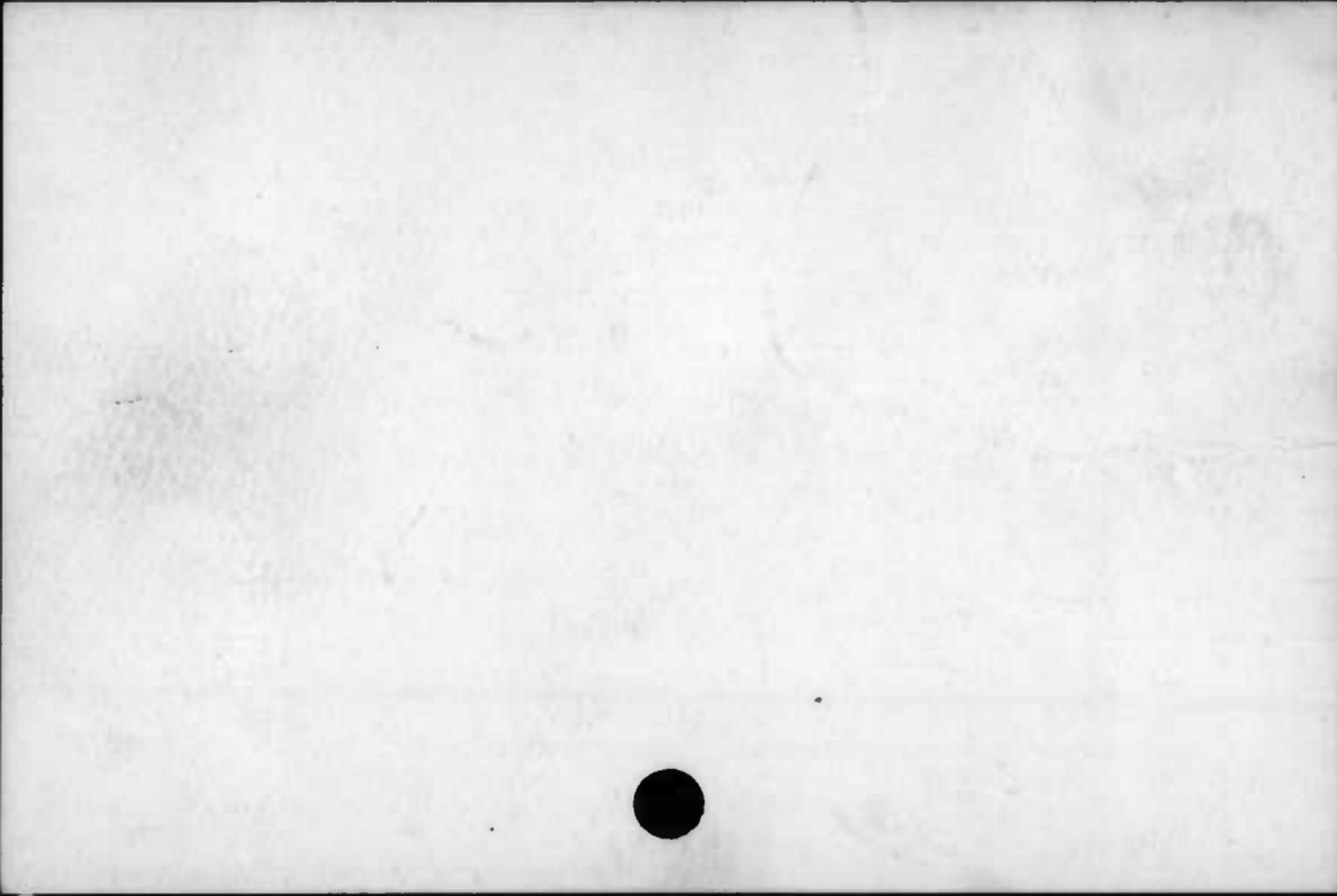
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Raymond Davies

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mary E. Schuman

CERTIFICATE OF DEATH

Died at <u>Dulon</u>		Town <u>Dulon</u> County <u>Caroline</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>4</u>	Day <u>7</u>	Age <u>87</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Dorchester Co.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Allen Schuman</u>					
Father's Name <u>Don Kinn</u>	Father's Birthplace <u>Lehigh</u>					
Mother's Maiden Name <u>Don Kinn</u>	Mother's Birthplace <u>Lehigh</u>					
Name of person giving Information <u>Dawn R.</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER

Primary

old age.

Immediate

Heart Disease

How long

Indefinite

Are the name, age, sex, color, date and place correctly given above?

yes

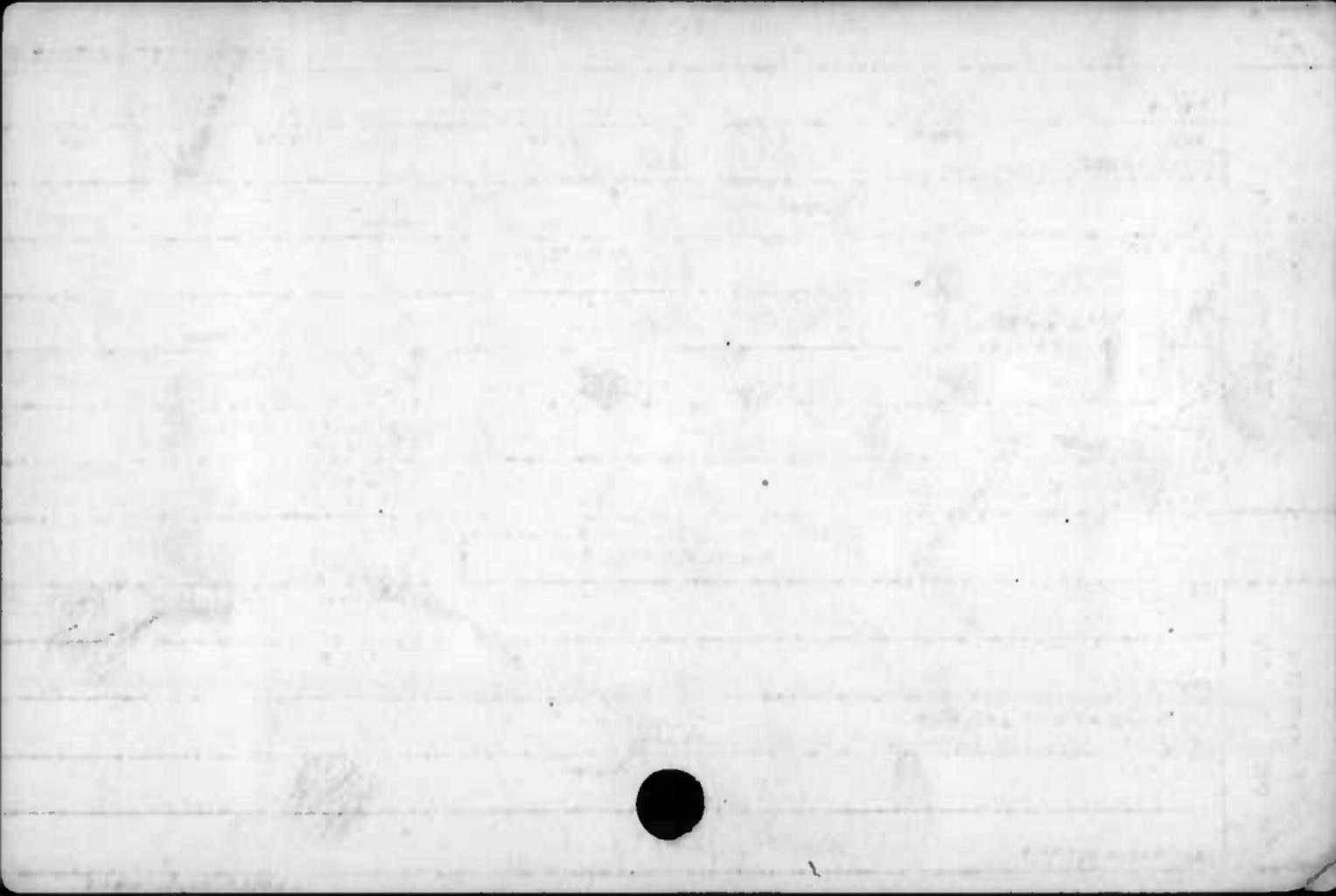
Signature of Physician

J. M. Nichols

Address

Denton 421

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mary E. Mason

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month April	Day 25 <sup>th</sup>	Years 30	Months 11	Days 1
Sex	Female	Color or Race	White		Birth-place	Kent Co Del.
Occupation	Housewife		Where Residing if not at place of death		—	
Married, Single or Widowed	Married	Name of Wife or Husband	Ray Mason			
Father's Name	John H. Johnson		Father's Birthplace		Kent Co Del.	
Mother's Maiden Name	Katherine Smith		Mother's Birthplace		D. A. Ind.	
Name of person giving Information	F. E. Mason		How related to deceased		Brother-in-law	

CAUSES OF DEATH

119

How long

3 weeks

How long

3 days

PHYSICIAN  
OR CORONER

Primary

Acute Nephritis

Immediate

uraemia

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J. P. Madara

Ridgely

Md

Accident or Suicide



Name  
in  
Full

Sister Mary Gertrude Pfaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month April	Day 20	Years 73	Months 4	Days 14	
Sex	Female	Color or Race	Caucasian		Birthplace	Beckenhoffer - Wer.	
Occupation	Religious -		Where Residing if not at place of death			-	
Married, Single or Widowed	Single	Name of Wife or Husband	-				
Father's Name	Joseph Pfaeffer		Father's Birthplace			Germany	
Mother's Maiden Name	Anna Ebrer		Mother's Birthplace			Germany	
Name of person giving information	M. Dolores Berg		How related to deceased			None	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Grippe -

10

Hour

Immediate

Exhaustion

Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Stone

Ridge

Accident or Suicide?

No.



Name  
In  
Full

Wm Royal

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Caroline			MARYLAND		
Died at near Ridgely	Month	Day	Years	Months	Days	
Date of death 1908	Apr	4	Age 2	—	—	
Sex male	Color or Race	Armenian			Birth-place	Oakland.
Occupation man	Where Residing if not at place of death			—		
Married, Single or Widowed single	Name of Wife or Husband	—			Father's Birthplace	Anterice 2nd
Father's Name Wm Royal	—			Mother's Birthplace	Ridgely "	
Mother's Maiden Name Edith Ellinor	—			How related to deceased	Father	
Name of person giving information Wm Royal	—					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Grip -  
Pneumonia -

(10)

How long

Immediate

3 weeks  
5 days -

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. R. Muller  
Greensboro  
N. C.

Accident or Suicide?

will bury to  
morrow at  
Ridgeley

Name  
in  
Full

William Douglas Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died	Town	County	MARYLAND
Date of death	Month	Years	Months
1908	Apr.	19 yrs	-
Sex	Color or Race	Birth-place	Days
Male	Black	Talbot Co.	-
Occupation	Where Residing if not at place of death		
Labour (from)	—		
Married, Single or Widowed	Name of Wife or Husband	—	
Single	—	—	
Father's Name	Mal. Gardner	Father's Birthplace	Damt River
Mother's Maiden Name	Lizzie Brown	Mother's Birthplace	Talbot Co.,
Name of person giving information	Rev. Henry Smith	How related to deceased	Step-father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Hemorrhage + Exhauation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. W. B. Row, M.D.

Address

27

How long

4 months

How long

1 day

Accident or Suicide?

Yes



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob Stockley				CERTIFICATE OF DEATH		
Died at New Henderson		Town	County		MARYLAND	
Date of death	1908	Month 4	Day 4	Years 74	Months -	Days -
Sex	Male	Color or Race	White	Birth-place	Delaware	
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Elijah A. Stockley	Father's Birthplace	Delaware	
Father's Name	Woodman Stockley			Mother's Birthplace	Delaware	
Mother's Maiden Name	Sarah A. Colgate			How related to deceased	Daughter	
Name of person giving information	Emma Seward			How long	79	

CAUSES OF DEATH

Primary

Valvular heart disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

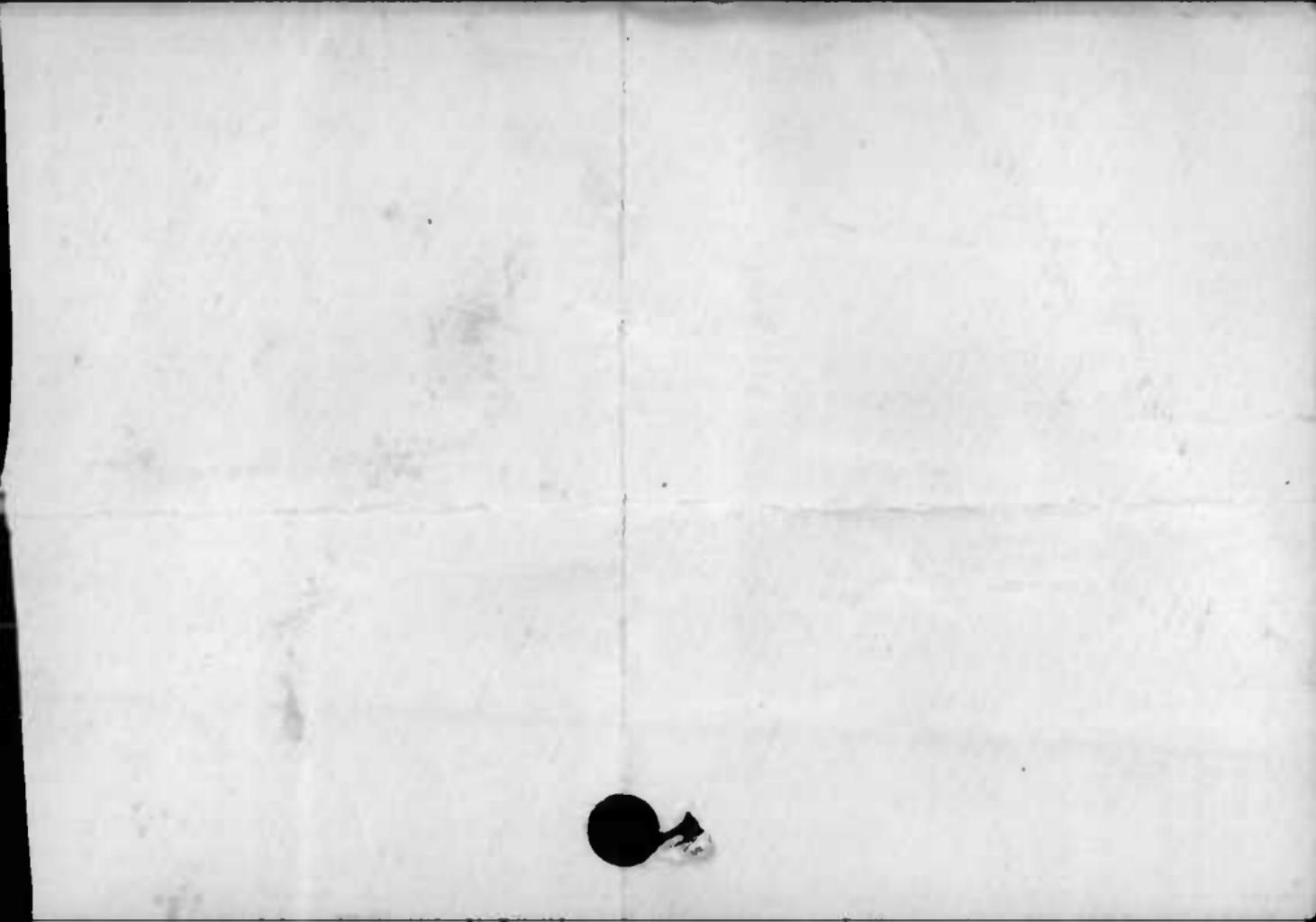
yes

Signature of Physician

Address

J. R. Smith,  
Franklinville

Accident or Suicide?



Elga Swiggett

## CERTIFICATE OF DEATH

Died at Near Brunswick TownCounty Caroline

MARYLAND

Date of death 1908 Month April Day 26Age 10Years 10 Months — Days 5Sex Female Color or Race DarkAge 10Months — Days 5Occupation SchoolgirlAge 10Years 10 Months — Days 5

Where Residing if not at place of death

Age 10Months — Days 5Married, Single or Widowed SingleAge 10Years 10 Months — Days 5Name of Wife or Husband NoneAge 10Months — Days 5Father's Name William Howard SwiggettAge 10Years 10 Months — Days 5Mother's Maiden Name Mary Rebecca BarneyAge 10Months — Days 5Name of person giving information W. H. SwiggettAge 10Years 10 Months — Days 5How related to deceased FatherAge 10Months — Days 5

## CAUSES OF DEATH

79

How long

One Month

How long

Primary EndocarditisAge 10Immediate Heart FailureAge 10

Are the name, age, sex, color, date and place correctly given above?

Age 10YesAge 10

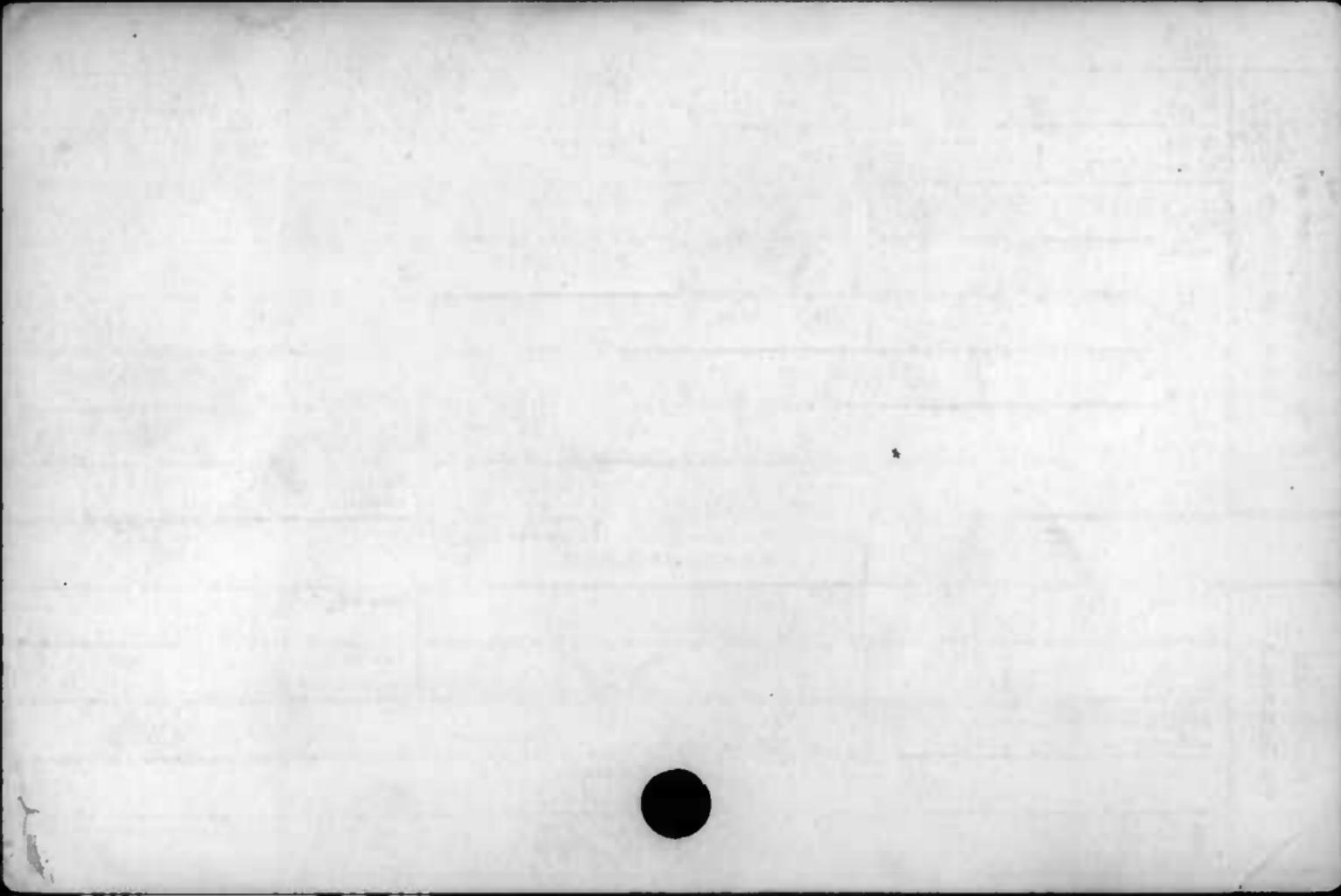
Signature of Physician

F. J. Carpenter

Address

Brunswick, Md.

Accident or Suicide? No



Name  
in  
Full

Nancy Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month April	Day 10	Years 90	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Md		
Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Mrs Thomas				
Father's Name	Unknown		Father's Birthplace			Md	
Mother's Maiden Name	Unknown		Mother's Birthplace			Md	
Name of person giving information	H. J. Burlock		How related to deceased			Son-in-law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

(66)

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

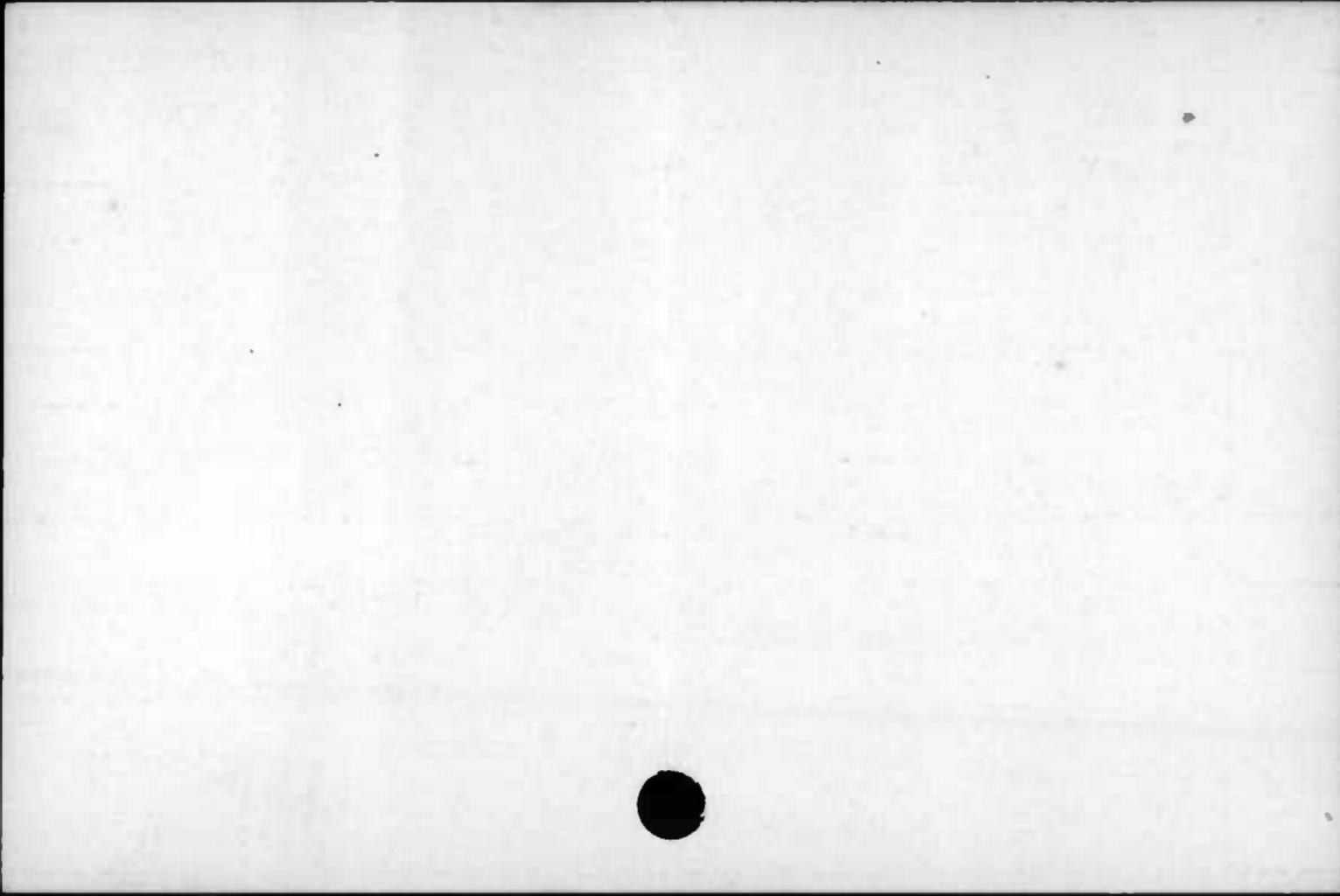
yes

Signature of Physician

Address

R. Kemp Jefferson  
Federalsburg  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <b>Federalsburg</b>		County <b>Caroline</b>	MARYLAND	
Date of death <b>1908</b>	Month <b>Aug</b>	Age <b>3</b>	Years	Months
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>md</b>	Days <b>6</b>	
Occupation <b>none</b>	Where Residing if not at place of death			
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>Harry White</b>	Father's Birthplace <b>Del</b>		
Father's Name <b>Harry White</b>	Mother's Maiden Name <b>Annie Evans</b>	Mother's Birthplace <b>VA</b>		
Name of person giving Information <b>Harry White</b>	How related to deceased <b>Father</b>			

CAUSES OF DEATH

151

How long

6 days

PHYSICIAN  
OR CORONER

Primary

Premature

Immediate

Are the name, age, sex, color, date and place correctly given above?

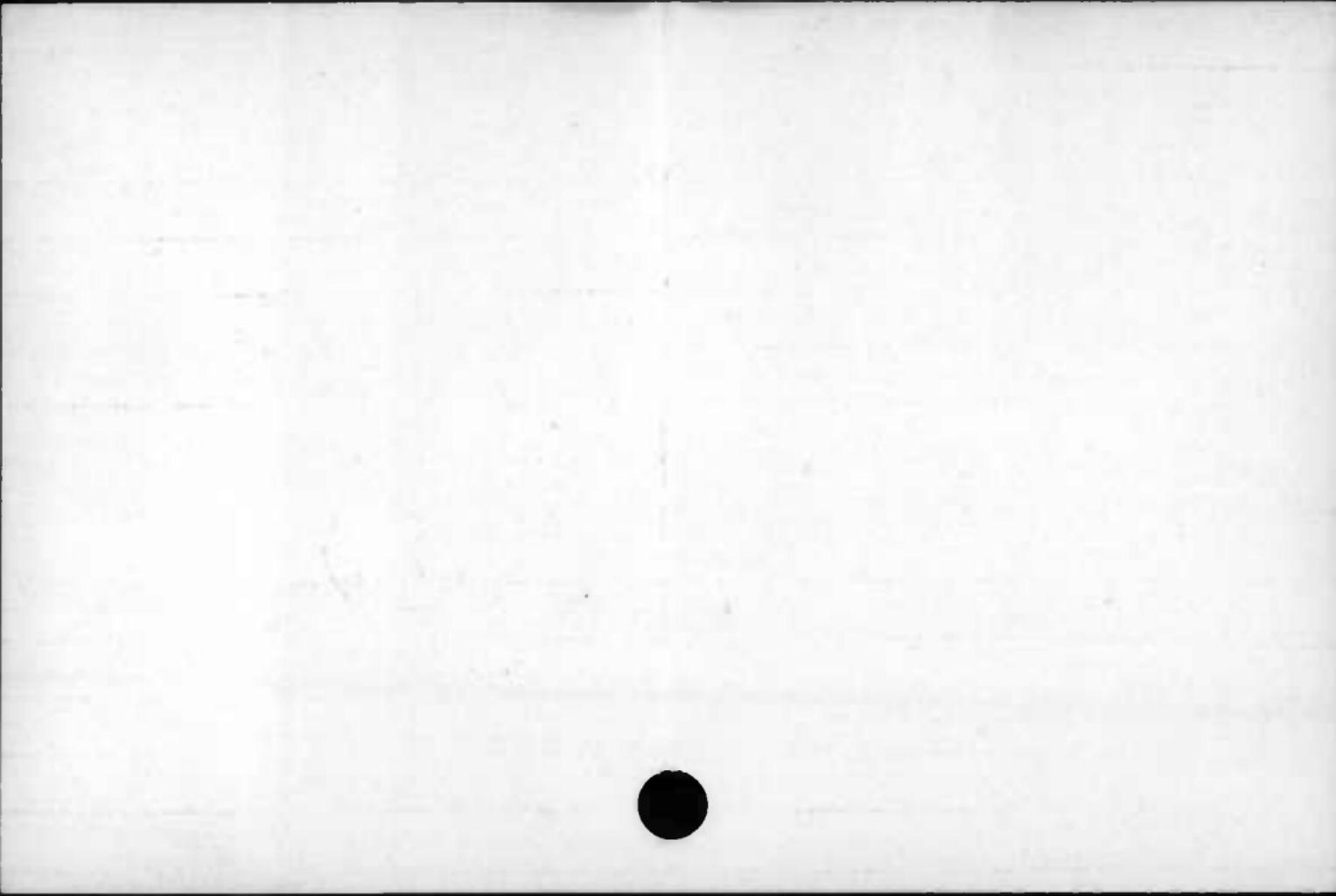
yes

Signature of Physician

Address

R Kemp Jefferson  
Federalsburg  
md

Accident or Suicide?



Name  
in  
Full

Eliza Jane Wooters

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Hickman		Town		County Caroline		MARYLAND	
Date of death	1908 April	Month	Day	Years	Munths	Days	
Sex	Female	Color or Race	White	Age 65 or 66	---		
Occupation	Housewife	Where Residing if not at place of death	Hickman.				
Married, Single or Widowed	Name of Wife or Husband	James W. Wootherers					
Father's Name	James Covey				Father's Birthplace	Maryland	
Mother's Maiden Name	Susan Andrew				Mother's Birthplace	Maryland	
Name of person giving Information	James W. Wootherers				How related to deceased	Husband.	

CAUSES OF DEATH

Primary	Paralysis & complications	
	How long	One year
Immediate	How long	About a Year
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Theoful Syney
Yes	Address	Burnsville
Accident or Suicide?		Wd

